

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

CIVIL ACTION NO.

05-10149-WGY

JUNIA DUPIM RUSIN,
Petitioner/Plaintiff

v.

JOHN ASHCROFT, Attorney General;
U.S. DEPARTMENT OF HOMELAND SECURITY;
U.S. CITIZENSHIP AND IMMIGRATION
SERVICES;
Respondents/Defendants

RECEIPT # 11111
AMOUNT \$ 150.00
SUMMONS ISSUED N/A
LOCAL RULE 4.1
WAIVER FORM
MCF ISSUED
BY DPTY. CLK
DATE 1/28/05

PLAINTIFF'S ORIGINAL COMPLAINT FOR WRIT IN THE NATURE OF MANDAMUS

This action is brought by the Petitioner, Junia Dupim Rusin, against the Defendants to compel action on a request for a waiver and application to adjust status properly filed by the Plaintiff. The application was filed and remains within the jurisdiction of the Defendants, who have improperly withheld action on said application to Plaintiff's detriment.

PARTIES

1. The Petitioner/Plaintiff, **Junia Dupim Rusin** is a 27 year old native and citizen of Brazil. She last entered the United States on September 14, 1996. Petitioner/Plaintiff resides at 157 Pleasant Street, Apartment 507, Malden, Massachusetts with her U.S. Citizen husband.
2. The Respondent/Defendant, **John Ashcroft**, is being sued in his official capacity as the Attorney General of the United States. In this capacity, he is responsible for the administration of the immigration laws, pursuant to 8 U.S.C., section 1103, and he possesses extensive discretionary powers to grant certain relief to aliens. More specifically, the Attorney General is responsible for the adjudication of applications to adjust status pursuant to section 245 of the

Immigration and Nationality Act (“INA”), 8 U.S.C. section 1426. The U.S. Citizenship and Immigration Services is an agency within the Department of Justice to whom the Attorney General’s authority has in part been delegated, and is subject to the Attorney General’s supervision.

3. The Respondents/Defendants, **Department of Homeland Security and the U.S. Citizenship and Immigration Services** are the agencies responsible for enforcing the Immigration and Nationality Act (“INA”) and for adjudication the applications filed by the Petitioner. The Department of Homeland Security will be referred to hereinafter as the “DHS” and the U.S. Citizenship and Immigration Services will be referred to as the “CIS.”

JURISDICTION

4. Jurisdiction in this case is proper under 28 U.S.C. sections 1331 and 1361, 5 U.S.C. section 701 et seq., and 28 U.S.C. section 2201 et seq. Relief is requested pursuant to said statutes.

VENUE

5. Venue is proper in this court, pursuant to 28 U.S.C. section 1391(e), in that this is an action against officers and agencies of the United States in their official capacities, brought in the District where a Defendant resides and where a substantial part of the events or omissions giving rise to the Plaintiff’s claim occurred. More specifically, the Plaintiff’s waiver of excludability and application to adjust status were properly filed and, to the Plaintiff’s knowledge, remain pending with the Boston, Massachusetts office of the CIS.

EXHAUSTION OF REMEDIES

6. The Plaintiff has exhausted her administrative remedies. The Plaintiff and her husband attended an interview regarding her application to adjust status in May, 2001. On December 16,

2002, the Plaintiff filed a Form I-601, waiver of excludability. To date, the Plaintiff has not received a decision or response from the CIS on either application.

CAUSE OF ACTION

7. The Plaintiff last entered the United States on September 14, 1996 as a visitor. On January 23, 2001, the Plaintiff married Kevin Rusin, a United States Citizen. Subsequent to their marriage, the Plaintiff's husband filed an I-130 visa petition together with the Plaintiff's application to adjust status and paid the required filing fees for the applications. On May 9, 2001, the Plaintiff and her husband attended an interview regarding the visa petition and application to adjust status at the Boston CIS office. On information and belief, the CIS officer approved the visa petition, but did not make a decision on the application to adjust status.

8. On October 24, 2002, the CIS sent the Plaintiff a Form I-72 requesting that she provide an Application for Waiver of Ground of Excludability and a statement from her U.S. Citizen spouse. (A copy of the Form I-72 is attached hereto as Exhibit A). The CIS requested the waiver based on the Plaintiff's conviction in New York for prostitution. However, the CIS waited over one year from the date of the interview to send the request for the waiver.

9. On December 16, 2002, through newly retained counsel, the Plaintiff filed a Form I-601 Application for Waiver of Ground of Excludability, together with an affidavit from her U.S. Citizen spouse and other supporting documentation to show the extreme hardship her husband would suffer if her application is not allowed. (A copy of the submission is attached hereto as Exhibit B).

10. Counsel for the Plaintiff has made inquiry with the CIS in an effort to have the CIS adjudicate the Plaintiff's application to adjust status. However, as of the date of this filing, the CIS has failed to adjudicate the Plaintiff's application to adjust status. Meanwhile, the Plaintiff

and her U.S. Citizen spouse have suffered extreme anxiety and have put their lives on hold due to this situation. Most notably, the Plaintiff and her husband want to buy a home and have children, but are waiting for the CIS to decide this case before proceeding with those plans. Additionally, it has been eight years since the Petitioner has returned to Brazil and her family still resides in that country. The Petitioner has missed out on numerous important family events and special occasions in Brazil. The Petitioner is hoping to visit Brazil with her husband so that she can introduce him to her family for the first time. They would like to have a party with the Petitioner's family in Brazil to celebrate their marriage and their new life together. Essentially, the Plaintiff's and her husband's entire future together has been put on hold pending the CIS's decision on the application to adjust status.

11. The Defendants, in violation of the Administrative Procedures Act, 5 U.S.C. section 701 et seq., are unlawfully withholding or unreasonably delaying action on Plaintiff's application and have failed to carry out the adjudicative functions delegated to them by law with regard to the Plaintiff's case. The Plaintiff is entitled to a decision on her application to adjust status and demands that the Defendants make such a decision. This action is filed to obtain a Court order requiring the Defendants to decide the Plaintiff's case.

PRAYER

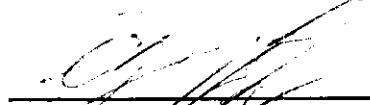
WHEREFORE the Plaintiff respectfully prays that this honorable Court enter an order:

- (a) requiring Defendants to adjudicate the Plaintiff's request for a waiver and application to adjust status;
- (b) awarding the Plaintiff all costs and reasonable attorney's fees associated with this matter; and
- (c) granting such other relief at law and in equity as justice may require.

Respectfully submitted,

Junia Dupim Rusin

By her attorneys,



Anthony Drago, Esq. (BBO#552437)
Elizabeth A. Smith, Esq. (BBO#657228)
Anthony Drago, Jr., P.C.
35 India Street
Boston, MA 02110
(617) 357-0400

ANTHONY DRAGO, JR., P.C.*

35 INDIA STREET
2ND FLOOR
BOSTON, MASSACHUSETTS 02110

FACSIMILE: 617-357-8353

TELEPHONE: 617-357-0400

*Also admitted in New York

16
December 13, 2002

*Hand delivered
by Dalizzo
12/16/02

Office Kelly
for case.*

IN HAND
U.S. INS
J.F.K. Federal Building
Government Center
Boston, MA 02203

Re: Form I-72 - Junia Dupim Rusin - A78-629-677

Dear Sir/Madam:

I have been retained by Junia Dupim Rusin and her U.S. citizen husband, Kevin Rusin, to finalize their immigration case and have enclosed signed G-28's for each person. Please send all future correspondence regarding the case to my attention.

Enclosed please find form I-72 together with the following documents per your request:

1. Form I-601 - Application for Waiver of Ground of Excludability with proof of payment of filing fee;
2. Affidavit of Kevin Rusin - U.S. Citizen petitioner;
3. Letter from KR Construction regarding Mrs. Rusin's employment and checks confirming payment of wages to her;
4. Proof of rent payments by petitioner with copy of joint bank statement for the couple;
5. Copy of the couple's 2001 Income Tax Return;
6. Evidence of the couple's school work regarding learning English and Portuguese;
7. Copies of miscellaneous bills and other documents confirming the couple's residence together; and
8. Family photos.

ANTHONY DRAGO, JR., P.C.

As you can see from the enclosed documents, Mr. Rusin and his wife have developed a strong relationship as husband and wife and Mr. Rusin will clearly suffer an extreme hardship if his wife's application to adjust status is denied. Therefore, request is made for approval of the hardship waiver and of Mrs. Rusin's application to adjust status. Please note that Mrs. Rusin's full name is Junia Dupim Rusin which should be placed on her approval notice and eventually, her alien registration card.

Should you have any questions regarding the enclosures or require additional proof of the extreme hardship, please contact me. Otherwise, kindly notify my clients and I of your decision on the case at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,



Anthony Drago

US DEPT OF JUSTICE
TMS BOSTON
RETAIN THIS RECEIPT

11:48AM Oct 14/02
00-0001 003 EOS-EP
#27085

A# 73629677
Last Name DUPIN
First Name JUNIA

I-601 \$195.00

XTEL \$195.00
Homes Order \$195.00

OFFICIAL
DOCUMENT



Date: October 24, 2002

NAME OF BENEFICIARY
DUPIM, Junia
FILE NO. A78 629 677Junia Dupim
157 Pleasant Street, #507
Malden, MA 02148

FORM NO. I-485

PLEASE COMPLY WITH THE BELOW CHECKED INSTRUCTIONS. YOU ARE REQUIRED TO SUBMIT THE FOLLOWING INFORMATION WITHIN 12 WEEKS OR YOUR APPLICATION MAY BE DENIED.

- 1. The above application/petition and its supporting documents are attached.
- 2. The above application/petition and its supporting documents have been forwarded to your attorney or representative.
- 3. Please complete the blocks on your enclosed application/petition which are checked in red.
- 4. Please follow the instructions on your enclosed application/petition which are checked in red.
- 5. Furnish the required fee of \$ _____.
- 6. Furnish the birth or baptismal certificate of _____.
- 7. Furnish the marriage certificate of _____.
- 8. Furnish proof of death or legal termination of marriage of your first marriage.
- 9. A foreign document must be accompanied by a translation in English. The translator must certify that he/she is competent to translate and that the **translation is accurate**.
- 10. Furnish the date and port of each of your entries into the United States and the name of the ship, place, or other vehicle on which you traveled.
- 11. Except for aliens with occupations listed under Schedule A, 20 Code of Federal Regulations, Part 656.10, a certification from the Secretary of Labor must be obtained before your petition or application may be resubmitted to this Service. Further information and Department of Labor forms and instructions may be obtained from the local office of the state employment service agencies.
- 12. You have indicated that you do not intend to seek employment. You must furnish evidence that you have sufficient funds or other means of maintaining yourself in this country.
- 13. Furnish two (2) color photographs. These photos must have a white background, photos must be glossy, un-retouched and not mounted. Dimension of the facial image should be about 1 inch from chin to top of hair or head shown in 3/4 frontal view of right side of face with right ear visible. Using soft pencil or felt pen, print name (and alien registration receipt number, if known) on the back of each photograph. You should show these instructions to the photographer who takes the pictures.
- 14. You may now apply for adjustment of status, on the attached forms, for yourself and below listed persons.
- 15. Your proof of status documents have been checked and are attached. Your application/petition is being processed and will be completed in the near future.
- 16. You are required to submit a Medical Examination of Aliens Seeking Adjustment to Status (Form I-693) and Supplement to Form I-693 for documentation of immunizations.
- 17. You are required to submit an Application for Waiver of Ground of Excludability, Form I-601. Include a statement by your USC spouse. This statement must demonstrate that a denial of your admission would result in extreme hardship to your USC spouse.

Follow the instructions on the enclosed letter when you return this documentation.
Failure to provide this information by January 24, 2002 will result in a denial of your application.

cc:

Form I-72

PLEASE RETURN THIS LETTER AND ALL ATTACHMENTS
WITH YOUR RESPONSE

U.S. Department of Justice
Immigration and Naturalization ServiceNature of Entry of Appearance
as Attorney or Representative

Appearance - An appearance shall be filed on this form by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required. **Availability of Records** - During the time a case is pending, and except as otherwise provided in 8CFR 103.2(b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he/she may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his/her receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.

In re:	Date	11
	File No.	

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

Name Rusin Kevin	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant	
Address (Apt. No.) (Number & Street) 157 Pleasant Street Apt. 507	(City) Malden	(State) MA	(ZIP Code) 02148
Name	<input type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant	
Address (Apt. No.) (Number & Street)	(City)	(State)	(ZIP Code)

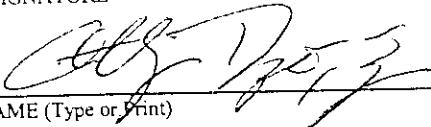
Check applicable item(s) below:

1. I am an attorney and a member in good standing of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia
Massachusetts
Name of Court _____ and am not under a court or administrative agency order suspending, enjoining, restraining, disbarring, or otherwise restricting me in practicing law.

2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:

3. I am associated with _____ the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)

4. Others (Explain fully.)

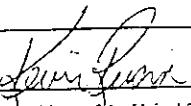
SIGNATURE 	COMPLETE ADDRESS Law Office of Anthony Drago, Jr. 35 India Street Boston MA 02110
NAME (Type or Print) Anthony Drago Esq.	TELEPHONE NUMBER 617-357-0400 617-357-8353

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS:

Anthony Drago, Esq.

(Name of Attorney or Representative)

THE ABOVE DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER:

Name of Person Consenting Kevin Rusin	Signature of Person Consenting 	Date 11/15/02
(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)		

This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is contained in 8CFR 103.10 and 103.20 Et.SEQ.

Form G-28 (09-26-00)Y

U.S. Department of Justice
Immigration and Naturalization ServiceNotice of Entry of Appearance
as Attorney or Representative

Appearance - An appearance shall be filed on this form by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required. **Availability of Records** - During the time a case is pending, and except as otherwise provided in 8CFR 103.2(b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he/she may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his/her receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.

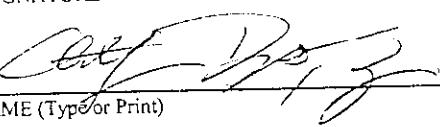
In re:	Date	11
	File No.	A 78629677

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

Name Dupim	Junia	R	<input type="checkbox"/> Petitioner	<input checked="" type="checkbox"/> Applicant
Address (Apt. No.) 157	(Number & Street) Pleasant Street	(City) Malden	(State) MA	(ZIP Code) 02148
Name		<input type="checkbox"/> Petitioner	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant
Address (Apt. No.) 157	(Number & Street) Pleasant Street	(City) Malden	(State) MA	(ZIP Code) 02148

Check applicable item(s) below:

<input checked="" type="checkbox"/> 1. I am an attorney and a member in good standing of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia Massachusetts	and am not under a court or administrative agency order suspending, enjoining, restraining, disbarring, or otherwise restricting me in practicing law. Name of Court
<input type="checkbox"/> 2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:	
<input type="checkbox"/> 3. I am associated with the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)	
<input type="checkbox"/> 4. Others (Explain fully.)	

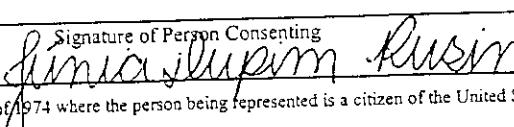
SIGNATURE 	COMPLETE ADDRESS Law Office of Anthony Drago, Jr. 35 India Street Boston MA 02110
NAME (Type or Print) Anthony Drago Esq.	TELEPHONE NUMBER 617-357-0400 617-357-8353

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS:

Anthony Drago, Esq.

(Name of Attorney or Representative)

THE ABOVE DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER:

Name of Person Consenting Junia Dupim	Signature of Person Consenting 	Date 11/15/02
(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)		

This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is contained in 8CFR 103.10 and 103.20 ET SEQ.

DO NOT WRITE IN THIS BLOCK

212 (a) (1) 212 (a) (10)
 212 (a) (3) 212 (a) (12)
 212 (a) (6) 212 (a) (19)
 212 (a) (9) 212 (a) (23)

Fee Stamp

A. Information about applicant

1. Family Name(Surname in CAPS)	(First)	(Middle)
Dupim	Junia	Rocha
2. Address (Number and Street)	(Apartment Number)	
157 Pleasant Street	507	
3. (Town or City)	(State/Country)	(Zip/Postal Code)
Malden	MA	02148
4. Date of Birth (Month/Day/Year)	5. INS File Number	
01/21/1977	A-78-629-677	
6. City of Birth	7. Country of Birth	
Pecanha M.G.	Brazil	
8. Date of Visa Application	9. Visa Applied for at:	
2/26/2001	Boston, MA	

10. Applicant was declared inadmissible to the United States for the following reasons: (List acts, convictions, or physical or mental conditions. If applicant has active or suspected tuberculosis, page 2 of this form must be fully completed.)

Applicant was convicted of prostitution in the New York Supreme

Court, Westchester County in August, 2001.

11. Applicant was previously in the United States, as follows:

City & State	From(Date)	To(Date)	INS Status
New York, NY	9/14/96		Tourist

12. Applicant's Social Security Number (if any)

FOR INS USE ONLY. DO NOT
WRITE IN THIS AREA.

Initial receipt

Resubmitted

Relocated

Completed

Received Sent Approved Denied Returned

B. Information about relative, through whom applicant claims
eligibility for a waiver

1. Family Name(Surname in CAPS)	(First)	(Middle)
Rusin	Kevin	
2. Address(Number and Street)	(Apartment Number)	
157 Pleasant Street	507	
3. (Town or City)	(State/Country)	(Zip/Postal Code)
Malden	MA	02148
4. Relationship to applicant	5. INS Status	
Husband	USA	

C. Information about applicant's other relatives in the U.S.
(List only U.S. citizens and permanent residents)

1. Family Name(Surname in CAPS)	(First)	(Middle)
Fitzgerald	Brooke	
2. Address (Number and Street)	(Apartment Number)	
26 Reynolds Street		
3. (Town or City)	(State/Country)	(Zip/Postal Code)
Easton	MA	
4. Relationship to applicant	5. INS Status	
Stepdaughter	USC	

1. Family Name(Surname in CAPS)	(First)	(Middle)
---------------------------------	---------	----------

2. Address (Number and Street)	(Apartment Number)	
--------------------------------	--------------------	--

3. (Town or City)	(State/Country)	(Zip/Postal Code)
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4. Relationship to applicant	5. INS Status	
------------------------------	---------------	--

1. Family Name(Surname in CAPS)	(First)	(Middle)
---------------------------------	---------	----------

2. Address (Number and Street)	(Apartment Number)	
--------------------------------	--------------------	--

3. (Town or City)	(State/Country)	(Zip/Postal Code)
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4. Relationship to applicant	5. INS Status	
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Signature (of applicant or petitioning relative) Karen Rusin Date 11/15/02

Relationship to applicant

Husband

Signature (of person preparing application, if not the applicant or petitioning relative) I declare that this document was prepared by me at the request of the applicant, or petitioning relative, and is based on all information of which I have any knowledge.

Signature Christopher Dwyer Esq.

Address

35 India Street, Boston MA 02110

Date 12/12/02

AFFIDAVIT OF KEVIN RUSIN

I, Kevin Rusin, on oath do hereby depose and say:

1. I am a United States citizen. I was born on March 17, 1967 in Fall River, Massachusetts. My Social Security Number is 020-60-4655 and I currently reside at 157 Pleasant Street - Apt. 507, Malden, Massachusetts with my wife, Junia Dupim Rusin. I make this Affidavit in support of the Application for Waiver of Ground of Excludability which my wife and I need to file so she can obtain her residence.

2. I first met my wife at a restaurant in Brighton, Massachusetts in November, 2000. Junia and I started to speak that night and got along very well so we exchanged numbers. Junia was having a birthday party a few weeks later and she invited me to the party. Prior to the party we went on a date and had a very good time so I went to the party and got to know Junia better. After the party we started to date on a regular basis and fell in love very quickly.

3. I have a child with another woman and my daughter stays with me on a regular basis. When my daughter met Junia they got along very well and I could see that my daughter liked Junia and that Junia was very good with her. Junia and I continued to date on a regular basis and our relationship was getting serious since we were in love and I was very happy to be with her and also liked that fact that my daughter and her get along so well.

4. After a few months of dating I decided I wanted to spend the rest of my life with Junia and asked her to marry me. Junia was very happy that I had proposed because she was in love with me and we were both very happy about getting married. I proposed to Junia at Christmas and we got married on January 23, 2001 in Malden. We had a small ceremony at the City Hall and have been living together since our wedding. I love my wife very much and want her to be with me in the United States for the rest of our lives.

5. After Junia and I were married we filed her immigration papers and went to an interview together without an attorney in May, 2001. Prior to the interview I knew about Junia's conviction in New York for prostitution. I knew that Junia was a dancer at a club in New York and was not concerned about the situation because she told me everything that had happened to her and that she was only a dancer at the club. She did admit that she had plead guilty to a prostitution charge because her attorney in New York, who represented all the girls who worked at the dance club, informed her it was the best thing to do in order to move on with her life. However, I had no idea that my wife needed a waiver for the conviction and that we would have to go through so much for her to obtain her residence. I do know that the waiver is required now and can tell you that if my wife does not obtain her residence I will suffer an extreme hardship.

6. I own a construction business and have several people working for me. My wife also works at the business and helps me with secretarial work. I have grown to rely on Junia to help me run my business and would have financial problems if she were not allowed to stay in the United States. More importantly, my daughter, who is 10 years old has grown to love Junia and

would be devastated if Junia were not living with me when she comes to visit. I would have a very hard time explaining the situation to my daughter and get very depressed and anxious when I think about my life without Junia.

7. I rely on my wife for emotional support and have been very happy that we met each other and that I was so lucky to fall in love with someone who loves me and wants to be with me. I am also very happy that Junia is so good to my daughter. Junia and I have been saving money and want to buy a home in the near future and hope to have children of our own soon. Junia and I are doing everything we can to build a future and we need to be in the United States as a family.

8. I understand that my wife needs the waiver to obtain her residence and have thought about the situation very much. I simply can't imagine my life without my wife being in the United States with me and have a hard time imagining how things would be for me if she did not get her residence. We have retained an immigration lawyer to help us with this situation, but can tell you that I will definitely suffer an extreme hardship in many ways if my wife's case is not approved. I hope you will understand how important this is to me and that the waiver we are filing will be approved.

Signed this 6th day of December, 2002 under the pains and penalties of perjury.


Kevin Rusin

**K.R. Construction
157 Pleasant Street
Malden, MA 02148
(617) 828-4507**

December 4, 2002

To Whom It May Concern:

This letter will confirm that Junia Rusin works for K.R. Construction as a secretary. Her salary is \$500.00 per week and Junia performs critical work for my company.

Should you have any questions about K.R. Construction or Junia Rusin, please contact me directly.

Sincerely,

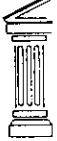
Kevin Rusin, Owner

A handwritten signature in black ink, appearing to read "Kevin Rusin".

1896

5-13/110

DATE August 9, 2002

 **K. R. CONSTRUCTION**
GENERAL CONTRACTOR
52 FLORENCE ST.
WOLLASTON, MA 02170
PH. 617-828-4507

PAY TO THE
ORDER OFJUNIA D. RUSINOne Thousand —

\$ 1,000.00

DOLLARS *Rin Pad***Fleet**Small Business Services
smallbiz.fleet.comFOR Pay-Roll

1001896 0110001381 00512 85850

100001000000

Kevin Rusin

MP

1899

5-13/110

DATE AUGUST 17, 2002

 **K. R. CONSTRUCTION**
GENERAL CONTRACTOR
52 FLORENCE ST.
WOLLASTON, MA 02170
PH. 617-828-4507

PAY TO THE
ORDER OFJUNIA D. RUSINFive Hundred —

\$ 500.00

DOLLARS *Rin Pad***Fleet**Small Business Services
smallbiz.fleet.comFOR Pay-Roll

1001899 0110001381 00512 85850

10000050000

Kevin Rusin

1905

5-13/110

DATE AUGUST 30, 2002

 **K. R. CONSTRUCTION**
GENERAL CONTRACTOR
52 FLORENCE ST.
WOLLASTON, MA 02170
PH. 617-828-4507

PAY TO THE
ORDER OFJUNIA D. RUSINOne thousand two hundred —

\$ 1,200.00

DOLLARS *Rin Pad***Fleet**Small Business Services
smallbiz.fleet.comFOR Pay-Roll

1001905 0110001381 00512 85850

10000120000

Kevin Rusin

1922

5-13/110



K. R. CONSTRUCTION
GENERAL CONTRACTOR
52 FLORENCE ST.
WOLLASTON, MA 02170
PH. 617-828-4507

DATE SEPT. 24, 2002

PAY TO THE
ORDER OF

JUNIA D. RUSIN

\$ 400.00

Four HUNDRED —

DOLLARS

Security Features
Serial
Controlled Serial



88824
Small Business Services
smallbiz.fleet.com

FOR PAY ROLL

Kevin Rusin

MP

100192210110001381 00512 858501

1000004000001



K. R. CONSTRUCTION
GENERAL CONTRACTOR
52 FLORENCE ST.
WOLLASTON, MA 02170
PH. 617-828-4507

1935

5-13/110

PAY TO THE
ORDER OF

JUNIA RUSIN

\$ 500.00

Five HUNDRED —

DOLLARS

Security Features
Serial
Controlled Serial



88824
Small Business Services
smallbiz.fleet.com

FOR PAY ROLL

Kevin Rusin

100193510110001381 00512 858501

100000500000

5-39/110 1492

KEVIN RUSIN
52 FLORENCE STREET, APT. 1
WOLLASTON, MA 02170

DATE OCTOBER 1, 2002

PAY TO THE ORDER OF 157 PLEASANT REALTY TRUST \$ 1,225.00

ONE THOUSAND Two Hundred Twenty Five DOLLARS 

BankBoston, N.A. - Boston, Massachusetts

MEMO RENT # 507

10110003901 740 3485311 1492 00001225000

5-39/110 1489

KEVIN RUSIN
52 FLORENCE STREET, APT. 1
WOLLASTON, MA 02170

DATE SEPTEMBER 1, 2002

PAY TO THE ORDER OF 157 PLEASANT REALTY TRUST \$ 1,225.00

One Thousand Two hundred Twenty Five DOLLARS 

BankBoston, N.A. - Boston, Massachusetts

MEMO RENT # 507

10110003901 740 3485311 1489 00001225000

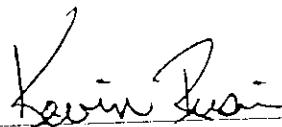
5-33/110

KEVIN RUSIN
52 FLORENCE STREET, APT. 1
WOLLASTON, MA 02170

PAY TO THE ORDER OF 157 PLEASANT REALTY TRUST DATE MAY 1, 2002 \$ 1225.00

One Thousand Two Hundred Twenty-Five DOLLARS

 **BankBoston**
BankBoston, N.A. - Boston, Massachusetts

MEMO # 507 RENT 

100110003901 740 3485311 1480 0000122500

5-33/110

KEVIN RUSIN
52 FLORENCE STREET, APT. 1
WOLLASTON, MA 02170

PAY TO THE ORDER OF 157 PLEASANT REALTY TRUST DATE APRIL 1, 2002 \$ 1225.00

One Thousand Two Hundred Twenty-Five DOLLARS

 **BankBoston**
BankBoston, N.A. - Boston, Massachusetts

MEMO Rent 

100110003901 740 3485311 1475 0000122500

5-39/110

KEVIN RUSIN
52 FLORENCE STREET, APT. 1
WOLLASTON, MA 02170

PAY TO THE ORDER OF 157 PLEASANT REALTY TRUST DATE JUNE 1, 2002 \$ 1225.00

One Thousand Two Hundred Twenty-Five DOLLARS

 **BankBoston**
BankBoston, N.A. - Boston, Massachusetts

MEMO RENT 507 

100110003901 740 3485311 1482 0000122500

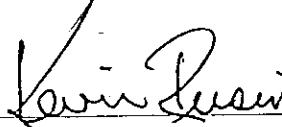
5-39/110

KEVIN RUSIN
52 FLORENCE STREET, APT. 1
WOLLASTON, MA 02170

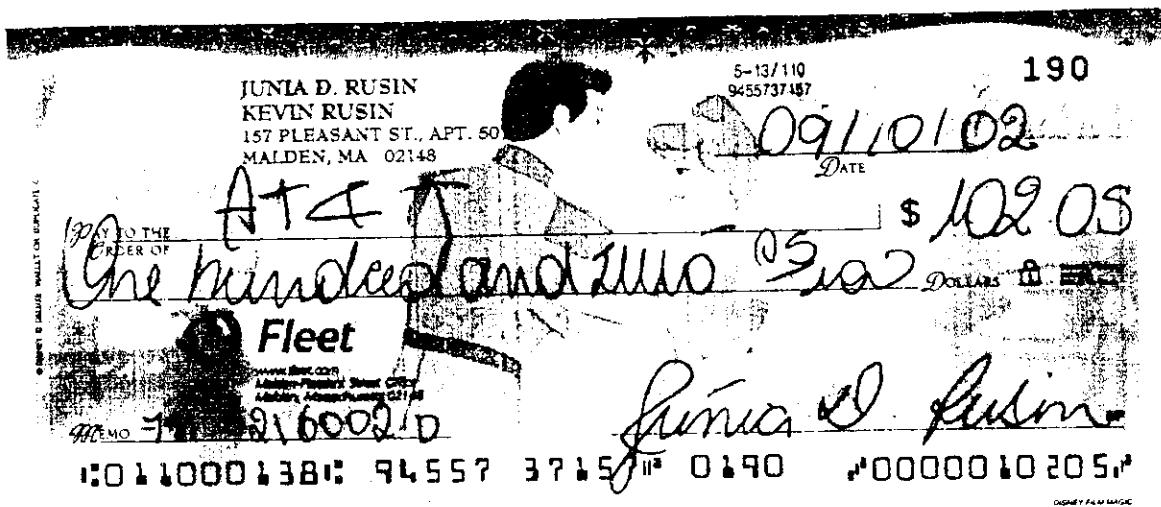
PAY TO THE ORDER OF 157 PLEASANT REALTY TRUST DATE AUGUST 1, 2002 \$ 1,225.00

One Thousand two Hundred Twenty Five DOLLARS

 **BankBoston**
BankBoston, N.A. - Boston, Massachusetts

MEMO RENT # 507 

100110003901 740 3485311 1487 0000122500





FleetOne Gold Statement

8/29/2002 through 9/27/2002

Page 5 of 14

Telephone Banking 1-800-541-4000

Account continued from previous page

Personal Regular Checking

Junia D Rusin Or
Kevin Rusin

Check #	Posting Date	Amount
181	08/29	83.52
182	08/30	25.11
183	09/04	40.00
184	08/05	40.00
185	08/03	626.32
186	08/04	45.00
187	09/04	20.10

Check #	Posting Date	Amount
188	09/11	322.20
189	09/09	20.00
190	09/12	102.05
191	09/12	6.21
192	08/13	500.00
193	08/16	11.55
194	08/20	8.50

Account Number 9455737157
Telephone Banking Access Code 7313

Check #	Posting Date	Amount
185	09/26	50.09
196	09/28	24.99
197	09/27	50.00
198	09/28	8.93

18 Checks For \$1,753.57

Date	Activity Description	+/-	Credit/Debit	Balance
8/28	Opening Balance			\$710.34
8/29	POS Purchase Ssac Malden MA		\$12.52	\$697.82
8/29	Check Paid # 181		\$83.52	\$614.30
8/30	Check Paid # 182		\$25.11	\$589.19
9/03	Deposit	+	\$157.00	\$636.19
9/03	Deposit	+	\$1,200.00	\$1,896.19
9/03	ATM Withdrawal 48 Pleasant St Malden MA 90731		\$40.00	\$1,856.19
9/03	POS Purchase Ssac Malden MA		\$132.78	\$1,723.41
9/03	Check Paid # 185		\$885.32	\$1,038.09
9/04	ATM Withdrawal 80 Union Square Somerville MA 91066		\$120.00	\$818.09
9/04	POS Purchase Ssac Malden MA		\$28.81	\$889.28
9/04	Check Paid # 188		\$45.00	\$844.28
9/04	Check Paid # 183		\$40.00	\$804.28
9/04	Check Paid # 187		\$20.10	\$784.18
9/05	Deposit	+	\$100.00	\$884.18
9/05	POS Purchase Ssac Malden MA		\$52.62	\$831.56
9/05	Check Paid # 184		\$40.00	\$791.56
9/06	ATM Withdrawal 48 Pleasant St Malden MA 90731		\$20.00	\$771.56
9/06	Check Paid # 189		\$20.00	\$751.56
9/10	POS Purchase Ssac Malden MA		\$80.38	\$671.18
9/11	Check Paid # 188		\$32.20	\$638.98
9/12	Check Paid # 190		\$102.05	\$536.93
9/12	Check Paid # 191		\$8.21	\$530.72
9/13	Check Paid # 192		\$500.00	\$30.72
continues				

028489713

4 - 8



FleetOne Gold Statement
 9/28/2002 through 10/29/2002
 Page 4 of 12
 Telephone Banking 1-800-841-4000

Account continued from previous page

Personal Cash Reserve

Kevin Rusin

Account Number 0074034853
 Telephone Banking Access Code 4655

Account Activity		+/-	Credit/Debit	Balance
Date	Description			
10/08	Credit Line Transfer To DDA	+	\$1,234.70	\$1,234.70
10/11	Credit Line Transfer To DDA	+	\$125.00	\$1,359.70
10/17	Credit Line Transfer To DDA	+	\$78.54	\$1,438.24
10/18	Credit Line Transfer To DDA	+	\$125.00	\$1,563.24
10/21	Credit Line Transfer To DDA	+	\$40.00	\$1,603.24
10/22	Credit Line Transfer To DDA	+	\$40.00	\$1,643.24
10/23	Credit Line Transfer To DDA	+	\$90.00	\$1,703.24
10/25	Credit Line Transfer To DDA	+	\$125.00	\$1,828.24
10/29	Credit Line Transfer To DDA	+	\$50.00	\$1,878.24
10/29	Cash Reserve Finance Charge	+	\$16.69	\$1,894.93
10/29	Ending Balance			\$1,894.93

Finance Charge Calculation

ANNUAL PERCENTAGE RATE	18.000%
Daily Periodic Rate	.04931%
Number of days in Period	23
Average Daily Balance	\$1,471.06
FINANCE CHARGE	\$21.00

Personal Regular Checking

Junia D Rusin Or
 Kevin Rusin

Account Number 9455737157
 Telephone Banking Access Code 7313

Opening Balance	(+/-) Deposits/Credits	(-/-) Withdrawals/Debits	Ending Balance
\$302.02	\$1,000.00	\$1,156.64	\$145.38

Checks

Check #	Posting Date	Amount
189	09/30	50.00
200	10/18	12.06
201	10/11	14.54
202	10/15	18.80

Check #	Posting Date	Amount
203	10/15	35.00
204	10/15	25.00
205	10/23	8.40
206	10/28	52.75

11 Checks For \$524.51

*Skip in sequential check numbers

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FleetOne Gold Statement
 10/30/2002 through 11/27/2002
 Page 5 of 10
 Telephone Banking 1-800-841-4800

Account continued from previous page

Personal Regular Checking

Junia D Rusin Or
 Kevin Rusin

Account Number 9456737157
 Telephone Banking Access Code 7313

Account Activity		+/-	Credit/Debit	Balance
Date	Description			
11/06	Check Paid # 214	-	\$20.00	\$231.55
11/07	ATM Withdrawal 46 Pleasant Street Malden	MA 00729	\$40.00	\$191.55
11/07	Check Paid # 216	-	\$24.98	\$166.56
11/08	Deposit	+	\$250.00	\$416.56
11/08	Check Paid # 215	-	\$25.00	\$391.56
11/12	Debit Card Purchase Cns Cvs Pharmacy IN932 Malden	MA	\$23.14	\$368.42
11/12	Debit Card Purchase Sssc Malden MA	-	\$38.39	\$330.03
11/12	Debit Card Purchase Sssc Malden MA	-	\$56.76	\$273.27
11/12	Check Paid # 218	-	\$56.74	\$216.53
11/12	Check Paid # 220	-	\$55.00	\$161.53
11/13	Check Paid # 219	-	\$8.00	\$153.53
11/14	Deposit	+	\$100.00	\$253.53
11/14	Check Paid # 217	-	\$80.00	\$173.53
11/15	Deposit	+	\$1,499.00	\$1,672.53
11/15	Check Paid # 221	-	\$38.70	\$1,633.83
11/18	Debit Card Purchase Sssc Malden MA	-	\$91.32	\$1,542.51
11/18	Check Paid # 222	-	\$1,000.00	\$642.51
11/19	Debit Card Purchase Brazilegal Somerville MA	-	\$11.00	\$531.51
11/19	Debit Card Purchase Sssc Malden MA	-	\$28.99	\$502.52
11/20	Checkbook Or Account Supplies 021115 Junia Rusin 020023246266272 Ppd	-	\$24.50	\$478.02
11/20	Check Paid # 224	-	\$10.35	\$467.67
11/21	Debit Card Purchase Sssc Malden MA	-	\$24.16	\$443.51
11/21	Debit Card Purchase Cns Cvs Pharmacy IN930 Malden	MA	\$59.10	\$384.41
11/22	Debit Card Purchase Oasis Restaurant Medford	MA	\$22.00	\$362.41
11/22	Check Paid # 225	-	\$26.00	\$337.41
11/22	Check Paid # 223	-	\$51.50	\$285.91
11/25	ATM Withdrawal 157 Centre Street Malden	MA 01434	\$40.00	\$245.91
11/25	POS Purchase Sssc Malden MA	-	\$37.53	\$208.38
11/25	Check Paid # 228	-	\$100.00	\$108.38

continues

028499713

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CLIENT'S COPY

Form 1040

Department of the Treasury—Internal Revenue Service
U.S. Individual income Tax Return

2001

(99)

IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0074

Your social security number

020 60 4655

Spouse's social security number

022 84 9272

▲ Important! ▲

You must enter
your SSN(s) above.You Yes No Spouse Yes No

Label

(See instructions on page 19.)

LABEL
HERE

Use the IRS label.

Otherwise, please print or type.

Presidential

Election Campaign
(See page 19)

For the year Jan. 1 Dec. 31, 2001, or other tax year beginning

, 2001, ending

20

If a joint return, spouse's first name and initial

Last name

Kevin

Rusin

If a joint return, spouse's first name and initial

Last name

Junia Dupim

Rusin

Home address (number and street). If you have a P.O. box, see page 19.

Apt. no.

157 Pleasant Street Apt #507

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.

Malden, MA 02148

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

 Yes No Yes No

Filing Status

1 Single

2 Married filing joint return (even if only one had income)3 Married filing separate return. Enter spouse's social security no. above and full name here. ►

Check only one box.

4 Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ►5 Qualifying widow(er) with dependent child (year spouse died ►) (See page 19.)

Exemptions

6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

No. of boxes checked on 6a and 6b

2

b Spousec Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see page 20)

No. of your children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see page 20)

0

Dependents on 6c not entered above

0

Add numbers entered on lines above ►

2

d Total number of exemptions claimed

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	8a Taxable interest. Attach Schedule B if required	8b	7
9 Ordinary dividends. Attach Schedule B if required			8a
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)			9
11 Alimony received			10
12 Business income or (loss). Attach Schedule C or C-EZ			11
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►			12 28,572
14 Other gains or (losses). Attach Form 4797			13
15a Total IRA distributions <input type="text" value="15a"/>	b Taxable amount (see page 23)		14
16a Total pensions and annuities <input type="text" value="16a"/>	b Taxable amount (see page 23)		15b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			16b
18 Farm income or (loss). Attach Schedule F			17
19 Unemployment compensation			18
20a Social security benefits <input type="text" value="20a"/>	b Taxable amount (see page 25)		19
21 Other income. List type and amount (see page 27)			20b
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►			21
23 IRA deduction (see page 27)			22 28,572

Adjusted Gross Income

24 Student loan interest deduction (see page 28)	25 Archer MSA deduction. Attach Form 8853	26	23
27 One-half of self-employment tax. Attach Schedule SE			24
28 Self-employed health insurance deduction (see page 30)			25
29 Self-employed SEP, SIMPLE, and qualified plans			26
30 Penalty on early withdrawal of savings			27 2,019
31a Alimony paid b Recipient's SSN ►			28
32 Add lines 23 through 31a			29
33 Subtract line 32 from line 22. This is your adjusted gross income ►			30
			31a
			32 2,019
			33 26,553

Form 1040 (2001)

Kevin and Junia Dupin

Tax and Credits**Standard Deduction for—**

- People who checked any box on line 35a or 35b or who can be claimed as a dependent, see page 31.
- All others: Single, \$4,550

Head of household, \$6,650

Married filing jointly or Qualifying widow(er), \$7,600

Married filing separately, \$3,800

34	Amount from line 33 (adjusted gross income)	34	26,553
35a	Check if: <input type="checkbox"/> You were 65 or older, <input checked="" type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	1	
36	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36	8,500
37	Subtract line 36 from line 34	37	18,053
38	If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32	38	5,800
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	12,253
40	Tax (see page 33). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	1,841
41	Alternative minimum tax (see page 34). Attach Form 6251	41	
42	Add lines 40 and 41	42	1,841
43	Foreign tax credit. Attach Form 1116 if required	43	
44	Credit for child and dependent care expenses. Attach Form 2441	44	
45	Credit for the elderly or the disabled. Attach Schedule R	45	
46	Education credits. Attach Form 8863	46	
47	Rate reduction credit. See the worksheet on page 36.	47	
48	Child tax credit (see page 37)	48	
49	Adoption credit. Attach Form 8839	49	
50	Other credits from: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	50	
51	Add lines 43 through 50. These are your total credits	51	0
52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-	52	1,841

Other Taxes

53	Self-employment tax. Attach Schedule SE	53	
54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
55	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	55	
56	Advance earned income credit payments from Form(s) W-2	56	
57	Household employment taxes. Attach Schedule H	57	
58	Add lines 52 through 57. This is your total tax	58	5,878

Payments

59	Federal income tax withheld from Forms W-2 and 1099	59	
60	2001 estimated tax payments and amount applied from 2000 return	60	
61a	Earned income credit (EIC)	61a	
b	Nontaxable earned income	61b	
62	Excess social security and RRTA tax withheld (see page 51)	62	
63	Additional child tax credit. Attach Form 8812	63	
64	Amount paid with request for extension to file (see page 51)	64	
65	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	65	
66	Add lines 59, 60, 61a, and 62 through 65. These are your total payments	66	

Refund

67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67	
68a	Amount of line 67 you want refunded to you	68a	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
69	Amount of line 67 you want applied to your 2002 estimated tax	69	
70		70	5,878

Amount You Owe

70	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52	70	
71	Estimated tax penalty. Also include on line 70	71	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 53)?	<input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No
Designee's name	Phone no. () Personal identification number (PIN) ()

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 19.

Keep a copy for your records.

Your signature	Date 4/15/02	Your occupation Contractor	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date 4/15/02	Spouse's occupation At Home	

Paid Preparer Use Only

Preparer's signature	Date 04/13/2002	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN 015-30-0057
Firm's name (or yours if self-employed), address, and ZIP code	Richard J Gianelly & Co 6 Pleasant Street, Malden, Ma 02148	EIN 04 2758938	Phone no. (781) 321-7311

Part III Cost of Goods Sold (see page C-6)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation				35	
36	Purchases less cost of items withdrawn for personal use				36	55,448
37	Cost of labor. Do not include any amounts paid to yourself				37	20,499
38	Materials and supplies				38	
39	Other costs				39	
40	Add lines 35 through 39				40	75,947
41	Inventory at end of year				41	
	Subtract line 41 from line 40. Enter the result here and on page 1, line 4				42	75,947

Part IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-3 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year) ► 12 / 05 / 2000

44 Of the total number of miles you drove your vehicle during 2001, enter the number of miles you used your vehicle for:

a Business 16,210 b Commuting 3,265 c Other

45 Do you (or your spouse) have another vehicle available for personal use? Yes No

46 Was your vehicle available for personal use during off-duty hours? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

SCHEDULE C
(Form 1040)

Profit or Loss From Business

OMB No. 1545-0074

2001

Attachment
Sequence No. 09Department of the Treasury
Internal Revenue Service (99)

► Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.

► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule C (Form 1040).

Name of proprietor

Social security number (SSN)

020 60 4655

Kevin Rusin

A Principal business or profession, including product or service (see page C-1 of the instructions)

B Enter code from pages C-7 & 8

► 2 3 5 5 0 0

Construction

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), if any

KR Construction

E Business address (including suite or room no.) ► 157 Pleasant Street Apt #507

City, town or post office, state, and ZIP code Malden, Ma 02148

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►G Did you "materially participate" in the operation of this business during 2001? If "No," see page C-2 for limit on losses Yes No

H If you started or acquired this business during 2001, check here ►

Part I Income

1	Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here	► <input type="checkbox"/>	1	125,880
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	125,880
4	Cost of goods sold (from line 42 on page 2)		4	75,947
5	Gross profit. Subtract line 4 from line 3		5	49,933
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)		6	
7	Gross income. Add lines 5 and 6	►	7	49,933

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		19	
9	Bad debts from sales or services (see page C-3)	9		20a	
10	Car and truck expenses (see page C-3)	10	5,592	20b	
11	Commissions and fees	11		21	
12	Depletion	12		22	
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13	3,967	23	
14	Employee benefit programs (other than on line 19)	14		24	
15	Insurance (other than health)	15	2,348	24a	
16	Interest:			24b	
a	Mortgage (paid to banks, etc.)	16a		24c	
b	Other	16b	1,070	24d	
17	Legal and professional services	17	225	25	
18	Office expense	18	1,225	26	
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns		►	27	4,480
29	Tentative profit (loss). Subtract line 28 from line 7			28	18,907
30	Expenses for business use of your home. Attach Form 8829			29	31,026
31	Net profit or (loss). Subtract line 30 from line 29.			30	2,454
	• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.			31	28,572
	• If a loss, you must go to line 32.				
32	If you have a loss, check the box that describes your investment in this activity (see page C-6).			32a	<input type="checkbox"/> All investment is at risk.
	• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.			32b	<input type="checkbox"/> Some investment is not at risk.
	• If you checked 32b, you must attach Form 6198.				

SCHEDULE SE
(Form 1040)Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

OMB No. 1545-0074

► See Instructions for Schedule SE (Form 1040).

2001

Attachment
Sequence No. 17

► Attach to Form 1040.

Name of person with self-employment income (as shown on Form 1040)

Social security number of person
with self-employment income ►

Kevin Rusin

020 60 4655

Who Must File Schedule SE

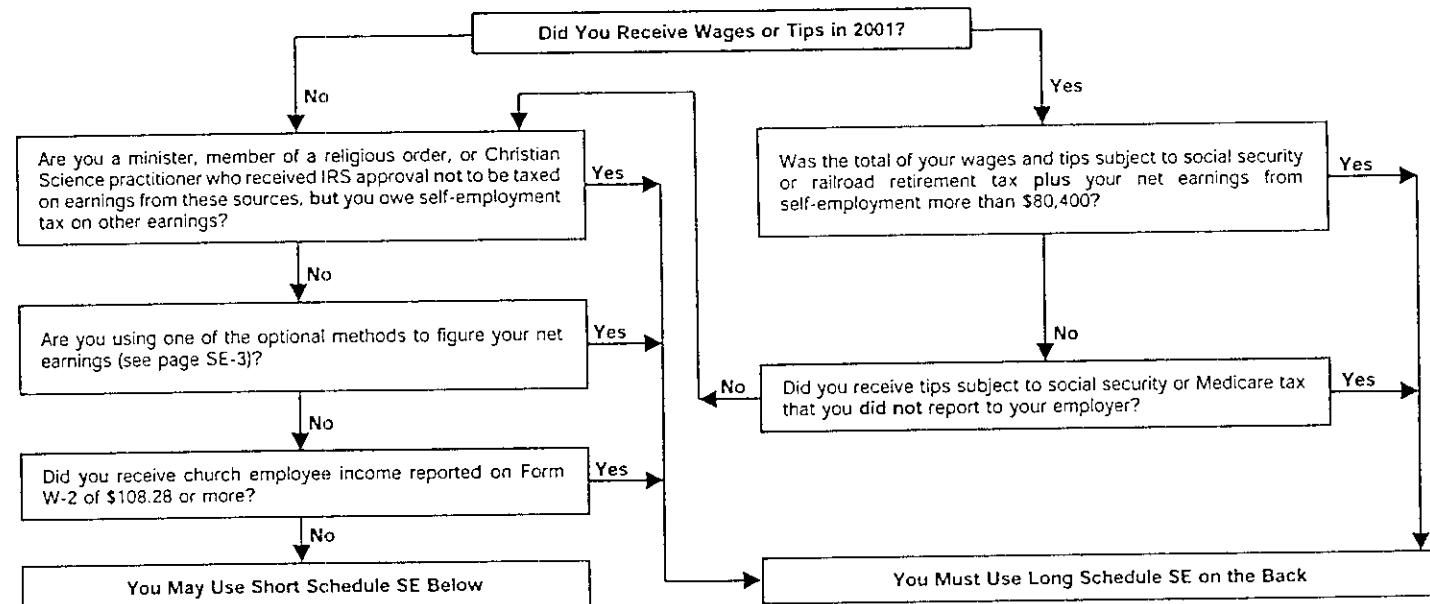
You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE. See page SE-3.

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 53.

May I Use Short Schedule SE or Must I Use Long Schedule SE?



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

- 1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a
- 2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report
- 3 Combine lines 1 and 2
- 4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax ►
- 5 Self-employment tax. If the amount on line 4 is:
 - \$80,400 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 53.
 - More than \$80,400, multiply line 4 by 2.9% (.029). Then, add \$9,969.60 to the result. Enter the total here and on Form 1040, line 53.
- 6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27

1		
2	28,572	
3	28,572	
4	26,386	
5	4,037	

Form 6251

Alternative Minimum Tax—Individuals

OMB No. 1545-0227

2001

Attachment Sequence No. 32

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Kevin and Junia Dupim Rusin

Your social security number
020 60 4655

Part I Alternative Minimum Taxable Income

- 1 If you itemized deductions on Schedule A (Form 1040), go to line 2. Otherwise, enter your standard deduction from Form 1040, line 36, here and go to line 6
- 2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2 1/2% of Form 1040, line 34
- 3 Taxes. Enter the amount from Schedule A (Form 1040), line 9
- 4 Certain interest on a home mortgage not used to buy, build, or improve your home
- 5 Miscellaneous itemized deductions. Enter the amount from Schedule A (Form 1040), line 26
- 6 Refund of taxes. Enter any tax refund from Form 1040, line 10 or line 21
- 7 Investment interest. Enter difference between regular tax and AMT deduction
- 8 Post-1986 depreciation. Enter difference between regular tax and AMT depreciation
- 9 Adjusted gain or loss. Enter difference between AMT and regular tax gain or loss
- 10 Incentive stock options. Enter excess of AMT income over regular tax income
- 11 Passive activities. Enter difference between AMT and regular tax income or loss
- 12 Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (Form 1041), line 9
- 13 Tax-exempt interest income from private activity bonds issued after August 7, 1986
- 14 Other. Enter the amount, if any, for each item below and enter the total on line 14.

a Circulation expenditures	i Mining costs
b Depletion	j Patron's adjustment
c Depreciation (pre-1987)	k Pollution control facilities
d Installment sales	l Research and experimental
e Intangible drilling costs	m Section 1202 exclusion
f Large partnerships	n Tax shelter farm activities
g Long-term contracts	o Related adjustments
h Loss limitations	
- 15 Total adjustments and preferences. Combine lines 1 through 14
- 16 Enter the amount from Form 1040, line 37. If less than zero, enter as a (loss)
- 17 Enter as a positive amount any net operating loss deduction from Form 1040, line 21
- 18 If Form 1040, line 34, is over \$132,950 (over \$66,475 if married filing separately) and you itemized deductions, enter the amount, if any, from line 9 of the worksheet for Schedule A (Form 1040), line 28
- 19 Combine lines 15 through 18
- 20 Alternative tax net operating loss deduction (see page 6 of the instructions)
- 21 Alternative minimum taxable income. Subtract line 20 from line 19. (If married filing separately and line 21 is more than \$173,000, see page 7 of the instructions)

Part II Alternative Minimum Tax

- 22 Exemption amount. (If this form is for a child under age 14, see page 7 of the instructions.)

IF your filing status is	AND line 21 is not over	THEN enter on line 22
Single or head of household	\$112,500	\$35,750
Married filing jointly or qualifying widow(er)	150,000	49,000
Married filing separately	75,000	24,500
If line 21 is over the amount shown above for your filing status, see page 7 of the instructions.		
- 23 Subtract line 22 from line 21. If zero or less, enter -0- here and on lines 26 and 28 and stop here
- 24 Go to Part III of Form 6251 to figure line 24 if you reported capital gain distributions directly on Form 1040, line 13, or you had a gain on both lines 16 and 17 of Schedule D (Form 1040) (as refigured for the AMT, if necessary). All others: If line 23 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 23 by 26% (.26). Otherwise, multiply line 23 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result
- 25 Alternative minimum tax foreign tax credit (see page 7 of the instructions)
- 26 Tentative minimum tax. Subtract line 25 from line 24
- 27 Enter your tax from Form 1040, line 40 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 43)
- 28 Alternative minimum tax. Subtract line 27 from line 26. If zero or less, enter -0-. Enter here and on Form 1040, line 41

Form 8829

Expenses for Business Use of Your Home

OMB No. 1545-1266

2001

Attachment
Sequence No. 66Department of the Treasury
Internal Revenue Service (99)

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

► See separate instructions.

Name(s) of proprietor(s)

Kevin Rusin

Your social security number
020 60 4655

Part I Part of Your Home Used for Business

- 1 Area used regularly and exclusively for business, regularly for day care, or for storage of inventory or product samples. See instructions
- 2 Total area of home
- 3 Divide line 1 by line 2. Enter the result as a percentage
- 4 For day-care facilities not used exclusively for business, also complete lines 4-6.
- 5 All others, skip lines 4-6 and enter the amount from line 3 on line 7.
- 6 Multiply days used for day care during year by hours used per day
- 7 Total hours available for use during the year (365 days × 24 hours). See instructions
- 8 Divide line 6 by line 7. Enter the result as a decimal amount
- 9 Business percentage. For day-care facilities not used exclusively for business, multiply line 8 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 ►

1	1
2	6
3	16.67 %

4	hr.
5	8,760 hr.
6	.

7	16.67 %
---	---------

Part II Figure Your Allowable Deduction

- 8 Enter the amount from Schedule C, line 29, plus any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions. See instructions for columns (a) and (b) before completing lines 9-20.

- 9 Casualty losses. See instructions
- 10 Deductible mortgage interest. See instructions
- 11 Real estate taxes. See instructions
- 12 Add lines 9, 10, and 11.
- 13 Multiply line 12, column (b) by line 7
- 14 Add line 12, column (a) and line 13
- 15 Subtract line 14 from line 8. If zero or less, enter -0-
- 16 Excess mortgage interest. See instructions
- 17 Insurance
- 18 Repairs and maintenance
- 19 Utilities
- 20 Other expenses. See instructions
- 21 Add lines 16 through 20
- 22 Multiply line 21, column (b) by line 7
- 23 Carryover of operating expenses from 2000 Form 8829, line 41

	(a) Direct expenses	(b) Indirect expenses	
9			
10			
11			
12			
13			
14			
15			33,426
16			
17		117	
18			
19		804	
20			13,800
21			14,721
22		2,454	
23			

- 24 Add line 21 in column (a), line 22, and line 23
- 25 Allowable operating expenses. Enter the smaller of line 15 or line 24
- 26 Limit on excess casualty losses and depreciation. Subtract line 25 from line 15
- 27 Excess casualty losses. See instructions
- 28 Depreciation of your home from Part III below
- 29 Carryover of excess casualty losses and depreciation from 2000 Form 8829, line 42
- 30 Add lines 27 through 29
- 31 Allowable excess casualty losses and depreciation. Enter the smaller of line 26 or line 30
- 32 Add lines 14, 25, and 31
- 33 Casualty loss portion, if any, from lines 14 and 31. Carry amount to Form 4684, Section B
- 34 Allowable expenses for business use of your home. Subtract line 33 from line 32. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions ►

24	2,454
25	2,454
26	30,972
27	
28	
29	
30	
31	
32	2,454
33	
34	2,454

Part III Depreciation of Your Home

- 35 Enter the smaller of your home's adjusted basis or its fair market value. See instructions
- 36 Value of land included on line 35
- 37 Basis of building. Subtract line 36 from line 35
- 38 Business basis of building. Multiply line 37 by line 7
- 39 Depreciation percentage. See instructions
- 40 Depreciation allowable. Multiply line 38 by line 39. Enter here and on line 28 above. See instructions

35	
36	
37	
38	
39	%
40	

Part IV Carryover of Unallowed Expenses to 2002

- 41 Operating expenses. Subtract line 25 from line 24. If less than zero, enter -0-
- 42 Excess casualty losses and depreciation. Subtract line 31 from line 30. If less than zero, enter -0-

41	
42	



FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2001 or other taxable
year beginning ending

M1100

Form 1. Massachusetts Resident Income Tax Return

2001

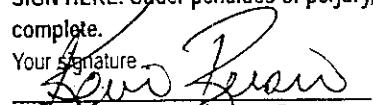
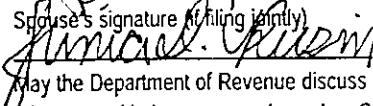
FIRST NAME KEVIN	MIDDLE INITIAL SPOUSE'S FIRST NAME	LAST NAME RUSIN	YOUR SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER 020-60-4655
STREET ADDRESS JUNIA DUPIM	MIDDLE INITIAL C/O STREET ADDRESS	CITY/TOWN/POST OFFICE RUSIN	STATE ZIP + 4 CITY/TOWN/POST OFFICE 022-84-9272
157 Pleasant Street Apt #507		Malden	STATE ZIP + 4 MA 02148

NAME/ADDRESS CHANGED SINCE 2000	TAXPAYER DECEASED	SPOUSE DECEASED			
Mass. Clean Elections Fund:	• \$1 You	\$1 Spouse, if filing jointly	TOTAL ► \$ 0	Note: This contribution will not change your tax or reduce your refund	
1. Filing status (select one only):	Single	X Married filing joint return	Married filing separate return (enter spouse's Soc. Sec. number in the appropriate space above)		
	Head of household	(both must sign return)			
2. Exemptions:	Fill in if noncustodial parent		X Fill in if using whole-dollar method		
a. Personal exemptions. If single or married filing separately, enter \$4,400. If head of household, enter \$6,800 If married filing jointly, enter \$8,800			a	8800 .00	
b. Number of dependents. (Do not include yourself or your spouse.) Enter number ► 0	× \$1,000		b		
c. Age 65 or over before 2002 You + Spouse = ► 0 × \$700			c		
d. Blindness X You + Spouse = ► 1 × \$2,200			d	2200 .00	
e. Other: 1. Medical/dental ► 2. Adoption ►			1 + 2 = e		
f. Total exemptions. Add items a, b, c, d and e. Enter here and on line 18			► 2f	11000 .00	
3. Wages, salaries, tips and other employee compensation (from all W-2 forms)			► 3		
4. Taxable pensions and annuities			► 4		
5. Mass. bank interest: a. ► – b. exemption			= 5		
Exemption: if married filing jointly, subtract \$200 from Total; otherwise subtract \$100 and enter result					
6. Business/profession or farm income or loss (enclose Mass. or U.S. Schedule C, C-EZ, or U.S. Schedule F)	► 6		28572 .00		
7. Rental, royalty and REMIC, partnership, S corp., trust income/loss (enclose Mass. and U.S. Schedule E)	► 7				
8. Unemployment compensation (from U.S. return)	► 8				
9. Other income (alimony, taxable IRA/Keogh distributions, winnings, fees) from Sch. X, line 6 (enclose Sch. X)	► 9				
10. TOTAL 5.6% INCOME. Add lines 3 through 9. (Be sure to subtract any loss(es) in lines 6 or 7)	10		28572 .00		
11. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement. Not more than \$2,000 per person a. You ► 2000 .00 + b. Spouse ►			a + b = 11	2000 .00	
12. Child under age 13, or disabled dependent/spouse care expenses (from worksheet)	► 12				
13. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/01, or disabled dependent(s) (only if single, head of household or married filing joint return and not claiming line 12) Not more than two. a. ► × \$2,400			= 13		
14. Rental deduction (rent paid in 2001). a. ► + 2			= ► 14		
Not more than \$3,000 (\$1,500 if married filing separately)					
15. Other deductions from Schedule Y, line 10 (enclose Schedule Y)	► 15		375 .00		
16. Total deductions. Add lines 11 through 15	► 16		2375 .00		
17. 5.6% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17		26197 .00		
18. Exemption amount (from line 2, item f)	18		11000 .00		
19. 5.6% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19		15197 .00		

PRIMARY TAXPAYER'S SS#
020-60-46552001 FORM 1, PAGE 2
M1200

19. 5.6% INCOME AFTER EXEMPTIONS. From other side. Not less than "0"	19	15197.00	
20. INTEREST AND DIVIDEND INCOME (from Schedule B, line 24)	► 20		
21. TOTAL TAXABLE 5.6% INCOME. Add line 19 and line 20	21	15197.00	
22. TAX ON 5.6% INCOME (from tax table). If line 21 is more than \$80,000, multiply by .056	22	850.00	
23. 12% INCOME. (from Sch. B, line 25). Not less than "0." a ►	× .12 = 23		
24. TAX ON LONG-TERM CAPITAL GAINS (from Schedule D, line 21). Not less than "0" Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 ►	► 24		
25. Credit recapture amount (enclose Schedule H-2) BC EOA	► 25		
26. If you qualify for No Tax Status, fill in and enter "0" on line 27 ►	27	850.00	
27. TAX. Add lines 22 through 25			
28. Limited Income Credit (from worksheet)	► 28		
29. Other credits from Sch. Z, line 3 (enclose Sch. Z) ►	28 + 29 = 30		
31. TAX AFTER CREDITS. Subtract line 30 from line 27. Not less than "0"	31	850.00	
32. Voluntary Contributions: a. Organ Transplant Fund ► Conservation ► c. Mass AIDS Fund ► d. Massachusetts United State Olympic Fund ►	b. Endangered Wildlife Total of a, b, c and d	32	
33. TAX AFTER CREDITS PLUS CONTRIBUTIONS. Add lines 31 and 32	33	850.00	
34. Massachusetts income tax withheld (enclose all Mass. W-2, W-2G, 1099G & 1099R forms)	► 34		
35. 2000 overpayment applied to your 2001 estimated tax (do not enter 2000 refund)	► 35		
36. 2001 Massachusetts estimated tax payments (do not include amount in line 35)	► 36		
37. Earned Income Credit. a. Number of qualifying children ► Amount from U.S. return ►	× .15 =	► 37	
38. Senior Circuit Breaker Credit (enclose Schedule CB)	► 38		
39. Payments made with extension (enclose Form M-4868)	► 39		
40. TOTAL TAX PAYMENTS. Add lines 34 through 39	40		
41. Overpayment. If line 33 is smaller than line 40, subtract line 33 from line 40	► 41		
42. Amount of overpayment you want applied to your 2002 estimated tax	► 42		
43. Subtract line 42 from line 41. THIS IS YOUR REFUND. Mail to Mass. DOR, PO Box 7000, Boston MA 02204 Direct deposit of refund. Type of account ► checking savings RTN # ► account # ►	► 43		
44. Tax due. If line 33 is larger than line 40, subtract line 40 from line 33. Use Form PV Pay in full with this return. Write Social Security number on lower left corner of check and make payable to Commonwealth of Massachusetts. Mail to Mass. DOR, PO Box 7003, Boston MA 02204. Add to total in line 44, if applicable. Interest ►	► 44	850.00	
Interest ►	Penalty ►	M-2210 amt. ►	► EX enclose Form M-2210

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

45. Your signature 	Date 4/15/02	Print paid preparer's name <u>Richard J. Gianelly</u>	Paid preparer's SSN or PTIN ► 015-30-0057
Spouse's signature if filing jointly 	Date 4-15-02	Paid preparer's phone 781) 321-7311	Paid preparer's EIN ► 04-2758938
May the Department of Revenue discuss this return with the preparer shown here? (see instructions) ► Yes No	► Paid preparer's signature	Date 04-13-02	Check if self-employed X

Richard J. Gianelly & Co
6 Pleasant Street
Malden, Ma 02148



M1500

Schedule C. Massachusetts Profit or Loss from Business. Enclose copies of U.S. Schedule C or C-EZ and U.S. Form 4562

2001

FIRST NAME OF PROPRIETOR	MIDDLE INITIAL	LAST NAME OF PROPRIETOR	SSN OF PROPRIETOR
Kevin Rusin			020-60-4655
BUSINESS NAME		EMPLOYER IDENTIFICATION NUMBER	
KR Construction		PRINCIPAL BUSINESS CODE (from U.S. Sch. C)	
MAIN BUSINESS OR PROFESSION, INCLUDING PRODUCT OR SERVICE		235500	
Construction		STATE ZIP + 4	
ADDRESS		CITY/TOWN/POST OFFICE	
157 Pleasant Street Apt #507		Malden, Ma 02148	
Accounting method: X Cash Accrual Other (specify)		No. of employees	
Did you materially participate in the operation of this business during 2001? (If "no," see line 33 instructions)		X Yes	No
Did you claim the small business exemption from the sales tax on purchase of taxable energy or heating fuel during 2001?		Yes	No
Exclude interest (other than from Massachusetts banks) and dividends from lines 1 and 4 and enter the result in line 32 and in Schedule B, line 3			
Caution: If this income was reported to you on Form W-2 and the "statutory employee" box on that form was checked, fill in here:			
1. a. Gross receipts or sales		125880.00	a - b = 1
b. Returns and allowances			125880.00
2. Cost of goods sold and/or operations (from Schedule C-1, line 8)		2	75947.00
3. Gross profit. Subtract line 2 from line 1		3	49933.00
4. Other income (enclose statement). Do not include interest (other than from Mass. banks) and dividends		4	
5. Total income. Add line 3 and line 4		5	49933.00
6. Advertising		6	
7. Bad debts from sales or services		7	
8. Car and truck expenses		8	5592.00
9. Commissions and fees		9	
10. Depletion		10	
11. Depreciation and Section 179 deduction (enclose statement — see instructions)		11	3967.00
12. Employee benefit programs (other than in line 17)		12	
13. Insurance (other than health)		13	2348.00
14. Interest (enclose statement)			
a. mortgage interest paid to financial institutions			
b. other interest		1070.00	a + b = 14
			1070.00
15. Legal and professional services		15	225.00
16. Office expense		16	1225.00
17. Pension and profit-sharing		17	
18. Rent or lease a. vehicles, machinery and equipment			
b. other business property		a + b = 18	

PROPRIETOR'S SS#
020-60-46552001 Schedule C, page 2
M1600

19. Repairs and maintenance	19	
20. Supplies (not included on Schedule C-1)	20	
21. Taxes and licenses	21	
22. Travel	22	
23. a. Total meals and entertainment		
b. Enter 50% of 23a subject to limitations	a - b = 23	
24. Utilities	24	
25. Wages (before U.S. jobs credit)	25	
26. Other expenses (enclose statement specifying type(s) and amount(s))	26	4480.00
27. Total expenses. Add lines 6 through 26	27	18907.00
28. Tentative profit or loss. Subtract line 27 from line 5	28	31026.00
29. Expenses for business use of your home (enclose U.S. Form 8829)	29	2454.00
30. Abandoned Building Renovation Deduction (enclose statement — see instructions)	30	
31. Net profit or loss. Subtract total of line 29 and line 30 from line 28. If a profit, enter here and on Form 1, line 6 or Form 1-NR/PY, line 8. If a loss, complete line 33	31	28572.00
32. Is interest (other than from Massachusetts banks) or dividend income reported on U.S. Schedule C, lines 1 and/or 6 or Schedule C-EZ, line 1? Yes <input checked="" type="checkbox"/> No. If "yes," enter amount here and in Massachusetts Schedule B, line 3	32	
33. If you have a loss, you must check the statement that describes your investment in this activity. If you filled in 33a, enter the loss on Form 1, line 6 or Form 1-NR/PY, line 8. If you filled in 33b see instructions		X 33a. All investment at risk 33b. Some investment is not at risk

Schedule C-1. Cost of Goods Sold and/or Operations

Method(s) used to value closing inventory:	X Cost	Lower of cost or market	Other (enclose explanation)	Yes	<input checked="" type="checkbox"/> No
Was there any change in determining quantities, costs or valuations between opening & closing inventory? If "yes," enclose explanation					
1. Inventory at beginning of year (if different from last year's closing inventory, enclose explanation)			1		
2. a. Purchases	55448.00				
b. Items withdrawn for personal use		a - b = 2			55448.00
3. Cost of labor (do not include salary paid to yourself)		3			20499.00
4. Materials and supplies		4			
5. Other costs (enclose statement)		5			
6. Add lines 1 through 5		6			75947.00
7. Inventory at end of year		7			
8. Cost of goods sold and/or operations. Subtract line 7 from line 6. Enter here and on Schedule C, line 2		8			75947.00

Form 1040	SUPPLEMENTAL SCHEDULE Massachusetts Schedule C	For Tax Year 2001
Taxpayer name(s) as shown on Form 1040: KEVIN RUSIN	Social Security Number: 020-60-4655	
STATEMENT Other Expense Type	Schedule C, Other Expense (Line 26) Other Expense Amount	
Telephone	2,050	
Rubbish Removal	1,808	
Work Clothes & Shoes	622	
TOTAL	4,480	



M1.800

FIRST NAME

MIDDLE INITIAL

LAST NAME

YOUR SOCIAL SECURITY NUMBER

KEVIN

RUSIN

020-60-4655

Note: If you are reporting other income on Form 1, line 9 or Form 1-NR/PY, line 11 and/or claiming other deductions on Form 1, line 15, or Form 1-NR/PY, line 19 and/or claiming other credits on Form 1, line 29 or Form 1-NR/PY, lines 33 or 34, you must complete and enclose the following schedule(s) with your return. Failure to enclose these schedules will delay the processing of your return.

Schedule X. Other Income. Enclose with Form 1 or Form 1-NR/PY

2001

1. Alimony received (from U.S. return) (full-year and part-year residents only — see instructions) ► 1
2. Taxable IRA/Keogh and Roth IRA conversion distributions (from worksheet in instructions) ► 2
3. Mass. state lottery winnings. Not less than "0." Lottery losses are not deductible under Mass. law ► 3
4. Other gambling winnings. Not less than "0." Gambling losses are not deductible under Mass. law ► 4
5. Fees and other 5.6% income. Enclose statement listing sources and amounts. Not less than "0" ► 5
6. Total other 5.6% income. Add lines 1 through 5. Not less than "0." Enter here and on Form 1, line 9 or Form 1-NR/PY, line 11 ► 6

Schedule Y. Other Deductions. Enclose with Form 1 or Form 1-NR/PY

1. Allowable employee business expenses (from worksheet in instructions). Enclose U.S. Form 2106 or 2106-EZ (nonresidents and part-year residents, this deduction must be related to income reported on Form 1-NR/PY) ► 1
2. Penalty on early savings withdrawal (from U.S. return) (nonresidents and part-year residents, this deduction must be related to income reported on Form 1-NR/PY) ► 2
3. Alimony paid (from U.S. return). Part-year residents, enter the amount paid while a Mass. resident; nonresidents, multiply alimony paid by line 14g of Form 1-NR/PY ► 3
4. Amounts excludable under MGL Ch. 41, sec. 111F or U.S. tax treaty included in Form 1, line 3 or Form 1-NR/PY, line 5
 - Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F (enclose statement from employer) ► 4
 - Income exempt under U.S. tax treaty. Enclose U.S. Form 1042-S
5. Student loan interest deduction (only if not claiming the same expenses in line 8) Medical savings account deduction (encl. U.S. Form 8853)
 - Moving expenses (encl. U.S. Form 3903) Self-employed health insurance deduction ► 5
 - Certain qualified deductions from U.S. Form 1040 (see instructions)
6. Deductible amount of qualified contributory pension income from another state or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6 (see instructions) ► 6
7. College tuition deduction (from worksheet) ► 7
8. Undergraduate student loan interest deduction (only if not claiming the same expenses in line 5) ► 8
9. Charitable contributions. Full-year residents, total of a and b below. Part-year residents, multiply total of a and b by line 2 of Form 1-NR/PY and enter the result in line 9; nonresidents, multiply total of a and b by line 14g of Form 1-NR/PY and enter the result in line 9
 - a. ► 375.00 + b. ► = 9 375.00
 - Gifts by cash or check Other than by cash or check (if over \$500, enclose U.S. Form 8283)
10. Total other deductions. Add lines 1-9. Enter here and on Form 1, line 15 or Form 1-NR/PY, line 19 ► 10 375.00

Schedule Z. Other Credits. Enclose with Form 1 or Form 1-NR/PY

Part 1. Credits. You must enclose all schedules with return

1. Lead Paint (enclose Schedule LP) Economic Opportunity Area (enclose Schedule EOA) Full Employment Credit (enclose Schedule FEC)
 - Septic Credit (enclose Schedule SC) Brownfields (enclose Schedule BC) Low Income Housing Credit (enclose eligibility statement)
- Nonresidents and part-year residents, enter line 1 total on Form 1-NR/PY, line 33
- Part-year residents, also complete line 2, if applicable. Full-year residents, complete lines 1, 2 and 3 ► 1
- Part 2. Credits for Residents and Part-Year Residents Only You must enclose all schedules with return
2. Income tax paid to another state or jurisdiction (complete Schedule F and enclose copies of other state's return) Energy (enclose Schedule EC)
 - Part-year residents, enter line 2 total on Form 1-NR/PY, line 34. Full-year residents, complete line 3 ► 2
3. Total credits. Full-year residents only, add lines 1 and 2. Enter the result here and in Form 1, line 29 ► 3

The Cambridge Center for Adult Education
P O Box 9113 • 42 Brattle Street • Cambridge, MA 02238

Certificate of Achievement

Junia Rusin

For successfully completing

ESL Intermediate level II.

a course in English as a Second Language

at

The Cambridge Center for Adult Education
Cambridge, MA

12-02-02

Date

ESL Instructor

Room 2

Junia Rusin #159487
157 Pleasant St.
Malden MA 02148

Junia Rusin has paid a fee of \$184.00 to register for the following classes.

The fee paid includes \$6.00 for a registration fee.

ESL: Intermediate Level II

ENGE

Instructor
Sec. 02: Mondays, Tuesdays, Wednesdays, & Thursdays (meets 4 times per week for 5 weeks), 8:00-9:30 pm. Begins Aug. 12, 1 Story St. | \$178

Your book may be purchased at the Cambridge Center Office, 42 Brattle St. You should wait until after the first class to buy your book
TEXT: Understanding & Using English Grammar (Blue)

The Cambridge Center for Adult Education
P O Box 9113 • 42 Brattle Street • Cambridge, MA 02238

Certificate of Achievement

Junior Dugan, Susan

For successfully completing

Intermediate Grammar I

a course in English as a Second Language

at

The Cambridge Center for Adult Education
Cambridge, MA

Susan Kagan

August 2, 2002

ESL Instructor

Junia Rusin #159487
157 Pleasant St.
Malden MA 02148

Junia Rusin has paid a fee of \$153.00 to register for the following classes.

The fee paid includes \$6.00 for a registration fee.

(4)

ENGD

ESL: Intermediate Level I

Helen Kagan, Instructor
Sec. 02: Tuesdays and Thursdays (meets 2 times per week for 8 weeks: 15 classes), 11:00 am-12:30 pm
Begins Jun. 18, 1 Story St. | \$147

Your book may be purchased at the Cambridge Center Office, 42 Brattle St. You should wait until after
the first class to buy your book
TEXT: Understanding & Using English Grammar (Blue)

Kevin Rusin #184318
157 Pleasant St 507
Malden MA 02148

Kevin Rusin has paid a fee of \$166.00 to register for the following classes.

The fee paid includes \$6.00 for a registration fee.

Brazilian Portuguese

Kaplan, Instructor

beginner level 1 intensive

Sec. 01: Tuesdays & Thursdays (meets 2 times per week for 6 weeks), 6:00-7:30 pm. Begins Jan. 14, 81
Mt. Auburn St. : \$160

BPRT



Safety Insurance Company

20 Custom House Street
Boston, MA 02110
1-800-951-2100

Direct Bill - Insured ADD SAV7 JEWELRY & FINE ARTS

Homeowners
Amended Declaration
Declarations Effective 12/01/01

Policy Number	From	Policy Period To	Beginning and Ending at	Agent Code
HO00088111	12/01/01	12/01/02	12:01 AM STANDARD TIME	32364

Named Insured and Address

Agent

KEVIN RUSIN
JUNIA D RUSIN
157 PLEASANT STREET, APT 507
MALDEN, MA 02148

QUINCY INSURANCE AGENCY, INC.
40 WILLIAM STREET
WELLESLEY, MA 02481

Phone: (781) 431-9600

The residence premises covered by this policy is located at the above address unless otherwise stated.

Premium Summary

Basic Coverages	Attached Endorsements	Scheduled Personal Property	Total Policy Premium	Change In Premium
Premium \$317	Premium \$68	Premium \$100	Premium \$485	Premium \$19-

Rating Information

Form	Section I Deductible	Wind Deductible	Constr Type	Constr Year	Number of Families	Protection Class	Territory
HO 00 04	\$250	N/A	Masonry	1985	1	03	44

Coverage Limits, Premiums and Endorsements

Coverage - Section I

Coverage -C- Personal Property	Limit	Premium
Coverage -D- Loss of Use	\$50,000	\$304
	\$20,000	
Coverage - Section II		
Coverage -E- Personal Liability	\$300,000	\$13
Coverage -F- Medical Payments to Others	\$1,000	Included

Policy Forms and Endorsements

HO 00 04	04-91	Contents Broad Form	
HO 01 20	10-99	Special Provisions - MA	
HO 04 96	04-91	Daycare Exclusion	
HO 05 23	07-97	Amendatory Nonrenewal End	
HO 04 16	04-91	Premises Alarm System	\$33-
HO 04 46	04-91	Inflation Guard	
	Annual Increase is 4 %		
HO 04 90	04-91	Pers Prop Replace Cost	\$106
HO-ACCT		Account Credit	\$30-
SSE-002	07-97	Safety Select	\$25
HO 04 61	04-91	Sched Pers Prop End	
SAV-007	10-99	Scheduled Prop-Agreed Val	

This replaces all previously issued policy declarations, if any. This policy applies only to accidents, occurrences, or losses which happen during the policy period shown above.

AUTHORIZED REPRESENTATIVE

Insured Copy

PAGE 1

01/18/02 (Print Date)



Account Number 781 321-6002 215 001 3
 Bill Period Oct 18 - Nov 17, 2002
 Verizon Page 1 of 5

R05

||||||||||||||||||||||||||||||||||||||||
 Kevin Rusin
 Junia Dupim Rusin
 Apt 507, 157 Pleasant
 Malden MA 02148-4805

Manage your account online at
www.verizon.com

Order or Bill Information

1-800-870-9999

Payment Information

1-800-750-3553

TTY/TDD see page 4
 Other Bill Questions?
 Call the number shown
 on the detail page for
 that company.

ACCOUNT SUMMARY

	amount	total
Previous Balance	\$38.07	
Payment Received 11/19 -- Thank You	38.07 cr	
Balance as of 11/21		\$.00
New Charges		
Verizon Basic Local Services	page 2	\$10.91
Verizon Calls	page 2	7.70
Verizon Optional Services	page 3	24.67
Total New Charges Due by December 21, 2002		\$43.28

Total Amount Due

\$43.28

OCT 02

Massachusetts Electric

A National Grid Company

Account Number
01224 74160 04

Pay This Amount

PAGE: 2

Amount Enclosed

\$

|||||

#BWNFKKP **C021
#0122474160042#
JUNIA RUSIN
157 PLEASANT ST APT S507
MALDEN MA 02148-4821

& 1 15 B2 AND KEVIN RUSIN

105012247416004 0000009951

PAYMENTS POSTED BY NOV 15 WILL APPEAR ON YOUR NEXT BILL

MAPS-Massachusetts Alliance of Portuguese Speakers
1046 Cambridge Street, Cambridge, MA 02139 617-628-6065

Receipt

Student Name Kevin Rusin

Check One: ESLI \$55 ESLII/Conversation \$50 Citizenship-English \$30
Citizenship-Portuguese \$20 Portuguese-Continental \$80 Portuguese-Brazilian \$ ~~95.00~~ ✓
Payment Method: Cash money order# CK Total \$ 95.00

Raid



Massachusetts
Alliance of
Portuguese
Speakers

Brazilian Portuguese at MAPS

Every Tuesday From 7:00 – 9:00 p.m.

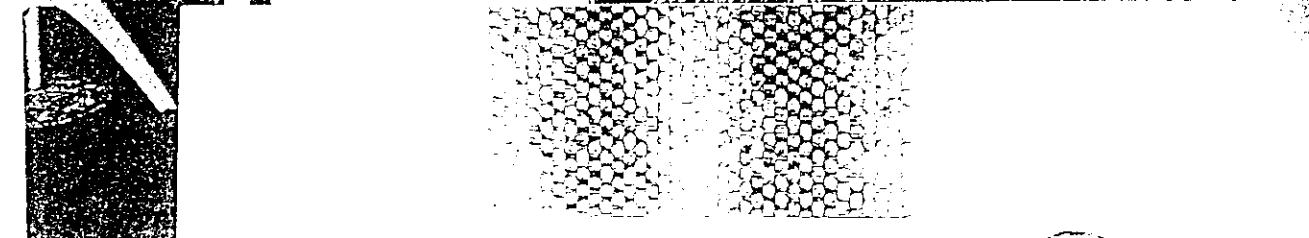
This course is for beginners who have little or no previous knowledge of the Portuguese language. Emphasis will be placed on vocabulary, syntax, grammar, reading and writing comprehension.

15 weeks session for \$95.00, beginning Tuesday February 6th/2001.

For more information regarding registration, please call Katia Lemos or Lucinda at MAPS

(617) 864-7600 ext. 22







UNITED STATES DISTRICT COURT IN CLERKS OFFICE
FOR THE DISTRICT OF MASSACHUSETTS

1 2005 JAN 26 A 11:34
CIVIL ACTION NO.

U.S. DISTRICT COURT
DISTRICT OF MASS.

JUNIA DUPIM RUSIN,
Petitioner/Plaintiff)
v.)
JOHN ASHCROFT, Attorney General;)
U.S. DEPARTMENT OF HOMELAND SECURITY;)
U.S. CITIZENSHIP AND IMMIGRATION)
SERVICES;)
Respondents/Defendants)

05 10149 WGY

CERTIFICATE OF SERVICE

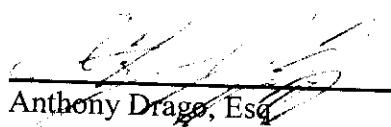
I, Anthony Drago, hereby certify that on the 26th day of January, 2005, I served a copy of the attached Complaint for Writ of Mandamus upon the following service list:

Michael J. Sullivan, U.S. Attorney
U.S. Attorney's Office
U.S. Courthouse
1 Courthouse Way, Suite 9200
Boston, MA 02210

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Service
Office of the District Counsel
JFK Federal Bldg. - Room 425
Boston, MA 02203

U.S. Citizenship and Immigration Services
JFK Building
Government Center
Boston, MA 02203
Attn: Denis Riordan, District Director

Said service was made in hand.


Anthony Drago, Esq.

JS 44 (Rev. 11/04)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

FILED

MAY 26 2005

U.S. DISTRICT COURT

Suffolk

I. (a) PLAINTIFFS

Junia Rusin, 157 Pleasant St., Apt. 507, Malden, MA

(b) County of Residence of First Listed Plaintiff Middlesex
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorney's (Firm Name, Address, and Telephone Number)

Anthony Drago, Esq., Anthony Drago, Jr., P.C., 35 India Street, Boston, MA 02110 (617) 357-0400

DEFENDANTS

John Ashcroft, U.S. Attorney General, et. al.

County of Residence of First Listed Defendant Suffolk
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.

Attn (if known): 05/10/149 WGY
U.S. Attorney's Office, Courthouse Way, Suite 9200, Boston, MA 02210

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

<input type="checkbox"/> 1 U.S. Government Plaintiff	<input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)
<input checked="" type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

Citizen of This State	<input type="checkbox"/> PTF 1	<input type="checkbox"/> DEF 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> PTF 4	<input type="checkbox"/> DEF 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	PERSONAL INJURY <input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark
<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	REAL PROPERTY <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/ Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights	CIVIL RIGHTS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input checked="" type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition	Labor <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ft) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))
			FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/ Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes

V. ORIGIN (Place an "X" in One Box Only)

<input checked="" type="checkbox"/> 1 Original Proceeding	<input type="checkbox"/> 2 Removed from State Court	<input type="checkbox"/> 3 Remanded from Appellate Court	<input type="checkbox"/> 4 Reinstated or Reopened	<input type="checkbox"/> 5 Transferred from another district (specify) _____	<input type="checkbox"/> 6 Multidistrict Litigation	<input type="checkbox"/> 7 Appeal to District Judge from Magistrate Judgment
---	---	--	---	--	---	--

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
28 U.S.C. section 1361

VI. CAUSE OF ACTION

Brief description of cause:
Mandamus action brought to compel the U.S. CIS to adjudicate Petitioner's pending applications.VII. REQUESTED IN COMPLAINT: CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23DEMAND \$ CHECK YES only if demanded in complaint:
JURY DEMAND: Yes No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

1-26-05

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFFP _____ JUDGE _____ MAG. JUDGE _____

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

FILED

IN CLERK'S OFFICE

1. Title of case (name of first party on each side only) Junia Dupim Rusin v. John A. Scott, U.S. Attorney General, et al.

U.S. DISTRICT COURT
DISTRICT OF MASS.*Also complete AO 120 or AO 121
for patent, trademark or copyright cases

2. Category in which the case belongs based upon the numbered nature of suit code listed on the civil cover sheet. (See local rule 40.1(a)(1)).

— I. 160, 410, 470, R.23, REGARDLESS OF NATURE OF SUIT.

II. 195, 368, 400, 440, 441-444, 540, 550, 555, 625, 710, 720, 730, 740, 790, 791, 820*, 830*, 840*, 850, 890, 892-894, 895, 950.

— III. 110, 120, 130, 140, 151, 190, 210, 230, 240, 245, 290, 310, 315, 320, 330, 340, 345, 350, 355, 360, 362, 365, 370, 371, 380, 385, 450, 891.

— IV. 220, 422, 423, 430, 460, 510, 530, 610, 620, 630, 640, 650, 660, 690, 810, 861-865, 870, 871, 875, 900.

— V. 150, 152, 153.

05 10149 WGY

3. Title and number, if any, of related cases. (See local rule 40.1(g)). If more than one prior related case has been filed in this district please indicate the title and number of the first filed case in this court.

n/a

4. Has a prior action between the same parties and based on the same claim ever been filed in this court?

YES NO

5. Does the complaint in this case question the constitutionality of an act of congress affecting the public interest? (See 28 USC §2403)

YES NO

If so, is the U.S.A. or an officer, agent or employee of the U.S. a party?

YES NO

6. Is this case required to be heard and determined by a district court of three judges pursuant to title 28 USC §2284?

YES NO 7. Do all of the parties in this action, excluding governmental agencies of the united states and the Commonwealth of Massachusetts ("governmental agencies"), residing in Massachusetts reside in the same division? - (See Local Rule 40.1(d)).YES NO A. If yes, in which division do all of the non-governmental parties reside?Eastern Division Central Division Western Division

B. If no, in which division do the majority of the plaintiffs or the only parties, excluding governmental agencies, residing in Massachusetts reside?

Eastern Division Central Division Western Division

8. If filing a Notice of Removal - are there any motions pending in the state court requiring the attention of this Court? (If yes, submit a separate sheet identifying the motions)

YES NO

(PLEASE TYPE OR PRINT)

ATTORNEY'S NAME Anthony Drago, Jr., Esq.ADDRESS 35 India Street, Boston, MA 02110TELEPHONE NO. 617-357-0400